

# AIT APPLICATION FOR NURSING HOME ADMINISTRATOR STATE EXAMINATION AND LICENSE

Return this completed form 30 days prior to exam date, with a check or Money Order for the application fee of \$165, and \$190 (total \$355) for initial license fee, (payable to NHAP) to the following address:

Nursing Home Administrator Program  
P.O. Box 997416, MS 3302  
Sacramento, CA 95899-7416

PRINT OR TYPE

APPLICANT'S NAME (Last)	(First)	(M.I.)	SOCIAL SECURITY NUMBER *
MAILING ADDRESS (Number)			WORK TELEPHONE NUMBER ( )
(City)	(County)	(State)	HOME TELEPHONE NUMBER ( )
E-MAIL ADDRESS	DRIVER LICENSE NUMBER		DATE OF BIRTH

\* Disclosure of your social security number (SSN) is mandatory. Health and Safety Code, Chapter 2.35, Section 1416.28 authorizes collection of your SSN. If you fail to disclose your SSN, your application for initial or renewal license will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

Have you ever pled guilty or nolo contendere to, or been convicted of any crime (other than minor traffic violations)? ☐ YES ☐ NO

IF THE ANSWER TO THIS QUESTION IS YES, EXPLAIN FULLY ON A SEPARATE SHEET OF PAPER. PROVIDE CERTIFIED COPIES OF ARREST REPORT AND COURT DOCUMENTS THAT INCLUDE THE FOLLOWING AS APPLICABLE: CRIMINAL COMPLAINT, PLEA AND JUDGEMENT, AND PROBATION REPORT. IF THESE RECORDS HAVE BEEN DESTROYED, THE PROGRAM REQUIRES A SIGNED STATEMENT TO THAT FACT ON AGENCY LETTERHEAD, FROM THE AGENCY YOU ARE REQUESTING RECORDS. A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU.

☐ I am enclosing a check or money order in the amount of

\$

AN APPLICANT'S ELIGIBILITY FOR LICENSURE SHALL BE DEPENDENT ON SUCCESSFUL COMPLETION OF THE NATIONAL AND STATE EXAMINATIONS.

## CITIZENSHIP (Health and Safety Code 1416.22(a))

(a) Are you a United States Citizen? ☐ YES ☐ NO

(b) Are you at least 18 years of age or older? ☐ YES ☐ NO

## FAMILY SUPPORT

In accordance with the Welfare and Institution Code Section 11350.6, applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order, order for spousal support or alimony. Failure to certify may result in disciplinary or adverse action, and making a false statement may subject the licensee's license to denial or revocation actions by NHAP.

You **must** check one of the following:

- ☐ I am not more than \_\_\_\_ days delinquent in complying with a child support order/order for spousal support or alimony/educational loan repayment obligation.
- ☐ I am more than \_\_\_\_ days delinquent in complying with a child support order/order for spousal support or alimony/educational loan repayment obligation.
- ☐ I am current in compliance with a family support order.
- ☐ I am not currently under any child or family support order repayment obligation.

## \*\* CERTIFICATION—IMPORTANT—PLEASE READ BEFORE SIGNING—If not signed, this application may be rejected. \*\*

I further understand that any false, incomplete, or incorrect statements may result in denial of this examination application and/or disqualification from participating in the Nursing Home Administrator Program's NHA examination. I understand that if I fail to appear for the examination as scheduled, the fees are non-refundable and will be forfeited.

APPLICANT'S SIGNATURE \*\*

DATE SIGNED \*\*

APPLICANTS—DO NOT USE THE SPACE BELOW—FOR NHAP USE ONLY

FOR NHAP OFFICE USE ONLY		
CASH. # _____  NHAP INITIALS _____  AMOUNT _____	STATUS <input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Denied	
	<input type="checkbox"/> Attempt 1	<input type="checkbox"/> AIT #
	<input type="checkbox"/> Licensure Fee	<input type="checkbox"/> Exam Candidate #
	STAFF	DATE PROCESSED